



**STATE OF NEW JERSEY
PUBLIC EMPLOYMENT RELATIONS COMMISSION
PO Box 429
TRENTON, NEW JERSEY 08625-0429**

For Courier Delivery:
495 West State St.
Trenton, NJ 08618
www.state.nj.us/perc
Phone: 609.292.9898
Fax: 609.777.0089
Email:
Mail@perc.state.nj.us

**REQUEST FOR INVOCATION OF FACT-FINDING
WITH RECOMMENDATIONS FOR SETTLEMENT**

INSTRUCTIONS: Please type or print clearly. Pursuant to N.J.A.C. 19:12-4.1, file an original and 4 copies of this notice with the Commission. If more space is required for any item, attach additional sheets, numbering items accordingly. Pursuant to N.J.A.C. 19:10-2.3, this form may alternatively be filed by email or fax.	<u>DO NOT WRITE IN THIS SPACE</u> DOCKET NO. DATE FILED:
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As of the date of this Request, the public employer and the exclusive employee representative have failed to resolve their impasse by mediation. Either the Director of Conciliation or the parties, either jointly or singly, may invoke fact-finding. The undersigned requests that a fact-finder be appointed. A non-filing party may file a response within seven (7) days of receipt of this Request. N.J.A.C. 19:12-4.1.

1. PUBLIC EMPLOYER

Full Name:		County:	
Name, Title and Address of Employer Representative to Contact:		Name and Address of Attorney/Consultant Representing Public Employer (if any):	
Phone:	Fax:	Phone:	Fax:
E-Mail:		E-Mail:	

2. EXCLUSIVE REPRESENTATIVE

Full Name:		County:	
Name, Title and Address of Representative to Contact:		Name and Address of Attorney/Consultant Representing Exclusive Representative (if any):	
Phone:	Fax:	Phone:	Fax:
E-Mail:		E-Mail:	

3. NAME OF MEDIATOR: *(If none appointed, so state)*

4. NUMBER AND DURATION OF MEDIATION SESSIONS:	5. DATE OF LAST MEDIATION EFFORT:
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6. UNRESOLVED ISSUES TO BE SUBMITTED TO FACTFINDER:

(Attach additional sheets, if necessary)

7. REMARKS:

(Attach additional sheets, if necessary)

8. IS THIS A JOINT REQUEST? Yes No

9. CERTIFICATION

I (we) declare that I (we) have read the above request and that the information is true to the best of my (our) knowledge and belief.

_____ Requesting Party and Affiliation, If Any	_____ Requesting Party and Affiliation, If Any
By _____ (Signature of Representative) (Title)	By _____ (Signature of Representative) (Title)
Date _____	Date _____